

CLAIMS ONLY

Application Number

10-795-836

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	
1	/												
2		/						51					
3		/						52					
4		/						53					
5		/						54					
6		/						55					
7		/						56					
8		/						57					
9		/						58					
10		/						59					
11		/						60					
12		/						61					
13		/						62					
14		/						63					
15		/						64					
16		/						65					
17		/						66					
18		/						67					
19		/						68					
20		/						69					
21	/							70					
22		/						71					
23		/						72					
24		/						73					
25		/						74					
26		/						75					
27		/						76					
28		/						77					
29		/						78					
30		/						79					
31		/						80					
32		/						81					
33		/						82					
34		/						83					
35		/						84					
36		/						85					
37		/						86					
38		/						87					
39		/						88					
40		/						89					
41		/						90					
42		/						91					
43		/						92					
44		/						93					
45		/						94					
46		/						95					
47		/						96					
48		/						97					
49		/						98					
50		/						99					
Total Indep	2							100					
Total Depend	25							Total Indep					
Total Claims	27							Total Depend					
								Total Claims					